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	Fay To SCRSC Clerks Office 803-896-5199
	Clerke Office
	803-896-5199
1	
	DOCKET NO. 2014-207-T
	"Amended Exhibits"

3. Select Entity Type: (Check one)
☐ Individual Owner/Sole Proprietorship
Partnership - List names and addresses of two principal officers.
Corporation - List names and addresses of two principal officers.
Diego M. Sosa-Casmo
Diego M. Sosa-Castro 148 Packdale Street
Mystle Beach SC 29579-6867
4. Applicant proposes to operate service as follows: (Check one.)
Intrastate Only
5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)
○ Yes 夕 No
If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.
6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)
○ Yes ♀ No
If yes, list dates and nature of convictions below.
7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)
○ Yes
If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month Year

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₹24.950 ₹26.150

^{*} Total Assets = Total Liabilities and Equity

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Go Dieso Go Koving Services LCC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;

O Not Applicable

- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked. PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:	
Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.	
PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:	
Yes O Not Applicable	
I, verify under penalty of perjury under the laws of the State of South Carolina, that a information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by the Wolfer This path embraces all schedules and supplemental filings to this application).	ll i

Yes

Commission Expires

SWORN TO BEFORE ME

Print Application